

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-006358

STATE FILE NUMBER

TE
IB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED MAR 13 1962

1. PLACE OF DEATH

a. COUNTY

Howard

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR
TOWN Fayette

Length of stay in 1b

1 da.

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION Lee Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Howard

c. CITY

OR

TOWN Fayette

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

204 West Davis St.

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

CHARLES

EDWARD

GIVENS

4. DATE
OF
DEATH

Month

Day

Year

March

3,

1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

2/26/1883 79

9. AGE (last birthday)

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Self Employed

10b. KIND OF BUSINESS OR INDUSTRY

Insurance Agency Howard Co. Mo

11. BIRTHPLACE (City and state or country)

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Henry Kring Givens

13b. MOTHER'S MAIDEN NAME

Nancy Duncan

14. NAME OF HUSBAND OR WIFE

Ruth Smith

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

4 Mrs Charles E. Givens Fayette, Mo

18. CAUSE OF DEATH (Enter only one cause per line
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Coronary Thrombosis

INTERVAL BETWEEN
ONSET AND DEATH

1 day

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Coronary Disease Ch

5 yrs

DUE TO (c)

Diabetes

5 yrs

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURYHour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 3-2-62 to 3-3-62 and last saw him alive on 3-3-62
Death occurred at 1:25 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

W. Bloom M.D.

22b. ADDRESS

Fayette Mo

22c. DATE SIGNED

3-5-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

3/5/62

23c. NAME OF CEMETERY OR CREMATORY

Walnut Ridge Cemetery Fayette

23d. LOCATION (City, town, or county)

Missouri

24. FUNERAL DIRECTOR

ADDRESS

Ralph A. Carr

Fayette, Missouri

25. DATE RECD. BY LOCAL REG.

3-5-62

26. REGISTRAR'S SIGNATURE

Katherine Welch

(Licensed Embalmer's Statement on Reverse Side)

MAR 14 1962

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Ralph A. Caw

Licensed Embalmer No.

3340

P. O. Address

Fayette, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.